Carbapenem Resistant Enterobacterales (CRE)

A drug-resistant germ that spreads in healthcare facilities



What are carbapenem resistant Enterobacterales?

The germs, Enterobacterales, live normally in our intestines and usually cause no problems. When they get into a part of the body where they don't belong the Enterobacterales can cause life-threatening infections, particularly in patients with serious medical problems in hospitals and nursing homes. When these germs become resistant to strong antibiotics such as carbapenems, they are harder to treat and even more dangerous. Carbapenem resistant Enterobacterales are called CRE for short.

What is colonization?

Patients can become colonized with CRE. Colonization means people carry CRE in or on their bodies, but don't have any illness symptoms. Colonization with CRE can last for many months and even years. People who are colonized can still spread the germ to others.

Why are carbapenem resistant Enterobacterales a problem?

CRE can spread quickly from person to person in healthcare facilities. CRE can spread on the hands of healthcare workers, healthcare equipment, and surfaces. CRE infections can be difficult to treat and even cause death. About 50% of patients with a bloodstream infection due to CRE die.

Who is more likely to get CRE infections?

CRE infections mainly affect patients who have long-term, serious medical problems. People who have spent a lot of time in healthcare facilities are at the highest risk of becoming colonized or developing an infection with CRE. Other things that increase the risk of CRE infection include:

- Being on a mechanical ventilator (breathing machine) for a long time.
- Having tubes going into the body, such as urinary catheters, central venous catheters, and feeding or breathing tubes.

How does CRE spread to patients?

Patients with infection or colonization with CRE have the germs in their body fluids and stool that can contaminate their living space, clothing, and medical equipment. CRE can contaminate healthcare workers' hands, clothing, and other items in the healthcare environment – like doorknobs, bed rails, stethoscopes, blood pressure cuffs, and thermometers—and can quickly spread to other patients.

How can we prevent the spread of CRE?

In order to prevent spread of CRE in healthcare facilities, healthcare workers should:

- Know how germs spread and make sure they do not carry them to other patients on their clothing, hands, or equipment.
- Wash or sanitize hands before and after caring for patients or touching items in the patient's room.
- Use the right personal protective equipment when caring for patients who can spread infections –
 often this includes gowns and gloves.
- Use hospital grade disinfectants for disinfecting areas and items that might have CRE germs on them and make sure that environmental services staff know how to correctly use these products
- Clean and disinfect shared equipment before and after use on a patient.

In order to prevent spread of CRE in the home:

- Clean hands with soap and warm water or alcohol-based hand sanitizer before eating or preparing food, after using the toilet, after blowing your nose, coughing, or sneezing, and before and after changing wound dressings or bandages. This is good advice for everyone.
- Make sure your caregivers clean their hands before and after they care for you including after contact with wounds, helping you use the bathroom, after cleaning up stool, and before and after handling medical devices (e.g., urinary catheters). Gloves should be used for possible contact with body fluids or blood. Always clean hands after removing gloves.

Who Should be Tested for CRE?

Public Health recommends testing patients for CRE if they may have close contact to another person with CRE infection or colonization or with contaminated equipment and are at higher risk for developing an infection The testing is to see if they have the CRE germ on their body.

Should healthcare workers and family members be tested to see if they have CRE?

Public Health does not recommend testing healthy family members or healthcare workers who care for patients with CRE infection or colonization. In general, healthy people are not at risk from CRE and do not need to be tested.



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